

03500.014850.



#8/Amdt A/EO(1)
8.6.02
C. Moore
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TORU KOIZUMI) Examiner: C. Kao
Application No. 09/678,025) Group Art Unit: 2882
Filed: October 4, 2000)
For: SOLID IMAGE PICKUP DEVICE)
AND IMAGE PICKUP SYSTEM) July 3, 2002

The Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT
AND PETITION FOR EXTENSION OF TIME

Sir:

In response to the initial Office Action of April 2, 2002, Applicant petitions to extend the time for response to August 2, 2002. A check in the amount of \$110.00 in payment of the extension fee is enclosed. Please charge any additional fee and credit any overpayment to our Deposit Account 06-1205.

Please amend the above-identified application as follows. For the Examiner's convenience all the remaining claims, whether currently amended or not, are set forth below.

07/12/2002 ANABI1 00000023 09678025
01 FC:102 336.00 OP
07/12/2002 ANABI1 00000023 09678025
02 FC:115 110.00 OP



2882

Docket No. 03500.014850.

In re Application of:

TORU KOIZUMI

Application No. 09/678,025

Filed: October 4, 2000

For: SOLID IMAGE PICKUP DEVICE
AND IMAGE PICKUP SYSTEM

Examiner: C. Kao

Group Art Unit: 2882

July 3, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

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| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 23 | MINUS | ** 23 | = 0 | x \$9 \$18 | -0- |
| INDEP. CLAIMS | * 7 | MINUS | *** 3 | = 4 | x \$42 \$84 | \$336.00 |
| Fee for Multiple Dependent claims \$140°/\$280 previously paid | | | | | | -0- |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$336.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☒ A check in the amount of \$ 336.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

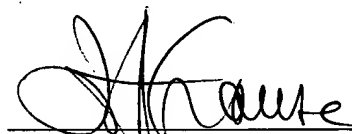
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 24613

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
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Facsimile: (212) 218-2200

Form #120